

| United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS | | Voluntary Petition |
|---|---|--|
| Name of Debtor (if individual, enter Last, First, Middle): Bell, Rachel | | Name of Joint Debtor (Spouse) (Last, First, Middle): Bell, Robert |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |
| Last four digits of Social-Security/Complete EBN or other Tax-ID No. (if more than one, state all): 7582 | | Last four digits of Social-Security/Complete EBN or other Tax-ID No. (if more than one, state all): 4851 |
| Street Address of Debtor (No. and Street, City, and State): 807 Kenilworth Ave Joliet IL | | Street Address of Joint Debtor (No. and Street, City, and State): 807 Kenilworth Ave Joliet IL |
| ZIP CODE 60435 | | ZIP CODE 60435 |
| County of Residence or of the Principal Place of Business: Will | | County of Residence or of the Principal Place of Business: Will |
| Mailing Address of Debtor (if different from street address): Joliet IL | | Mailing Address of Joint Debtor (if different from street address): Joliet IL |
| ZIP CODE 60435 | | ZIP CODE 60435 |
| Location of Principal Assets of Business Debtor (if different from street address above): | | ZIP CODE |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below) | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Cleaning Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts |
| Filing Fee (Check one box) <input type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must also sign application for the court's consideration certifying that the Debtor is unable to pay fee except in installments. See Official Form 3A. <input checked="" type="checkbox"/> Filing Fee waiver requested (applicable to Chapter 11 debtors only). Must attach signed application for the court's consideration. See Official Form 3B. | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b) |
| Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | |
| Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |

Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s):

Bell, Rachel and Bell, Robert**All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)**

Location

Where Filed:

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., Forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s) (Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition☐ Debtor certifies that he/she has served the Landlord with this certification (11 U.S.C. § 362(f))

| | | |
|--|---|---|
| B1 (Official Form) 1 (1/08) | | Page 3 |
| Voluntary Petition <i>(This page must be completed and filed in every case.)</i> | | Name of Debtor(s): Bell, Rachel and Bell, Robert |
| Signatures | | |
| <p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>Rachel D. Bell</u> Signature of Debtor</p> <p>X <u>Robert D. Bell</u> Signature of Joint Debtor 815-514-7660 Telephone Number (if not represented by attorney) <u>April 3, 2009</u> Date</p> | <p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p> | |
| <p style="text-align: center;">Signature of Attorney*</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>_____ Printed Name of Attorney for Debtor(s)</p> <p>_____ Firm Name</p> <p>_____ Address</p> <p>_____ Telephone Number</p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p> | <p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer) (Required by 11 U.S.C. § 110)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>_____ Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above</p> <p>_____ Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p> | |
| <p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p> | | |

B 1D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT

NORTHERN District of ILLINOIS

In re Bell, Rachel -and- Bell, Robert
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Rachel D. Bell / [Signature]
Date: April 3, 2009

B 1D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT

In re Rachel Robert E. Bell
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

B 1D (Official Form 1, Exh. D) (12/08) - Cont.

Page 2

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 

Date: 4-6-09

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

NORTHERN District Of ILLINOIS

In re Bell, Rachel
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|---------|-------------|---------|
| A - Real Property | | 1 | \$ 0 | | |
| B - Personal Property | | 3 | \$ 1250 | | |
| C - Property Claimed as Exempt | | 1 | | | |
| D - Creditors Holding Secured Claims | | 1 | | \$ 0 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | | 2 | | \$ 0 | |
| F - Creditors Holding Unsecured Nonpriority Claims | | 37 | | \$ 93529 | |
| G - Executory Contracts and Unexpired Leases | | 1 | | | |
| H - Codebtors | | 1 | | | |
| I - Current Income of Individual Debtor(s) | | 1 | | | \$ 1568 |
| J - Current Expenditures of Individual Debtors(s) | | 1 | | | \$ 2352 |
| TOTAL | | | \$ 1250 | \$ 93529 | |

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court

NORTHERN District Of ILLINOIS

In re Bell, Rachel,
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|-------------|
| Domestic Support Obligations (from Schedule E) | \$ 0 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0 |
| Student Loan Obligations (from Schedule F) | \$ 0 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0 |
| TOTAL | \$ 0 |

State the following:

| | |
|--|---------|
| Average Income (from Schedule I, Line 16) | \$ 1568 |
| Average Expenses (from Schedule J, Line 18) | \$ 2352 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ 2792 |

State the following:

| | |
|--|----------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | \$ 0 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | \$ 0 |
| 4. Total from Schedule F | \$ 93529 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | \$ 93529 |

In re Bell, Rachel,
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--|--|---------------------------------------|--|-------------------------------|
| | | | | None |

Total▶

0

(Report also on Summary of Schedules.)

In re Bell, Rachel
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | H U S B A N D W I F E J O I N T C O M M U N I T Y | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|---|---|---|
| 1. Cash on hand. | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives. | X | | | |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | | Furniture - Home | J | 350 |
| 5. Books, pictures and other art objects; antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Clothing - Home | J | 600 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |

In re Bell, Rachel
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | INDICATE, YES, NO, OR CONTINGENT | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|---|-------------------------------------|---|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A -- Real Property | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |

In re Bell, Rachel
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | REAL, INT, PER, OR COMB | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|----------------------------|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | Lincoln Towncar - Home | J | 300 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| 0 continuation sheets attached Total▶ | | | | \$ 1250 |

(Include amounts from any continuation
sheets attached. Report total also on
Summary of Schedules.)

In re Bell, Rachel

Case No.

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|-------------------------|--------------------------------------|----------------------------|---|
| Lincoln Towncar | 735-5/12-1001(c); | 300 | 300 |

B6D (Official Form 6D) (12/07)

In re Bell, Rachel

Debtor

Case No. _____

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|----------|------------------------------------|--|------------|--------------|----------|---|---------------------------|
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | VALUE \$ | | | | | |
| Subtotal ► (Total of this page) | | | | | | | \$ 0 | \$ 0 |
| Total ► (Use only on last page) | | | | | | | \$ 0 | \$ |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

____ continuation sheets attached

B6E (Official Form 6E) (12/07)

In re Bell, Rachel
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B6E (Official Form 6E) (12/07) – Cont.

In re Rachel D. Bell / Robert E. Bell,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In re Bell, Rachel
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i> | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 0000919 A/r Concepts, Inc 33 W Higgins Rd Suite 715 South Barrington IL 60010 | | J | 03/20/08 Collection | | | | 171 |
| ACCOUNT NO. 0000919 A/r Concepts, Inc 33 W Higgins Rd. Suite 715 South Barrington IL 60010-9103 | | J | 04/28/06 Collection | | | | 171 |
| ACCOUNT NO. 374050 Advanced Urology Associates 812 Campus Drive Joliet IL 60435 | | H | 416970 Collection | | | | 75 |
| ACCOUNT NO. 374050 Advanced Urology Associates 812 Campus Drive Joliet IL 60435 | | J | 02/01/09 Collection | | | | 75 |
| Subtotal▶ | | | | | | | \$ 492 |
| Total▶ (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data) | | | | | | | \$ |

36 continuation sheets attached

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 4185340103331194 Aegls P.o. Box 3458 Attn Payment Processing San Rafael CA 94912-3458 | | W | 10/15/2008 Collection | | | | 902 |
| ACCOUNT NO. 16700 All Credit Lenders- Cresthill Po Box 250 Gilberts IL 60136 | | W | 09/02/08 Collection | | | | 765 |
| ACCOUNT NO. 47288787 Allied Interstate Inc 3000 Corporate Exchange Columbus OH 43231 | | H | 10/08 Collection | | | | 175 |
| ACCOUNT NO. 131160768 Allied Interstate Inc Po Box 361774 Columbus OH 43236 | | H | 10/28/08 Collection | | | | 175 |
| ACCOUNT NO. Americash Loans 1726 West Jefferson Joliet IL 60435 | | W | 10/01/2008 Loan | | | | 750 |
| Sheet no. <u>2</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 2767 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 0487578134 Aol P.o. Box 60018 Tampa FL 33660-0018 | | W | 11/30/06 Collection | | | | 61 |
| ACCOUNT NO. 0053353052 Arnold Scott Harris, P.c. 600 W Jackson Blvd Suite 720 Po Box 5625 Chicago IL 60680-5625 | | W | 11/06/07 Collection | | | | 100 |
| ACCOUNT NO. 19793813 Arrow Financial Services 21031 Network Place Chicago IL 60678-1031 | | W | 12/24/01 Collection | | | | 49 |
| ACCOUNT NO. 19768143 Arrow Financial Services Llc 21031 Network Place Chicago IL 60678-1031 | | W | 12/15/01 Collection | | | | 57 |
| ACCOUNT NO. 8694183584 Asset Acceptance Llc Po Box 2036 Warren MI 48090-2036 | | W | 10/31/07 Collection | | | | 181 |
| Sheet no. <u>3</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 448 |
| | | | | | | | Total ► \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|---------------------------|
| ACCOUNT NO. 33-1966045 Associated Radiologist Joliet Po Box 3837 Springfield IL 62708-3837 | | W | 08/19/02 Collection | | | | 32 |
| ACCOUNT NO. 3fd72994 Astra Business Services Po Box 1341 Mill Valley CA 94942-1341 | | W | 07/02/07 Collection | | | | 599 |
| ACCOUNT NO. 81574460582826 At&t P.o. Box 8100 Aurora IL 60507-8100 | | W | 09/16/06 Collection | | | | 433 |
| ACCOUNT NO. 6695250 Avon Morton Grove Dept 707 P.o. Bo 4115 Concord CA 94524 | | W | 02/16/05 Collection | | | | 144 |
| ACCOUNT NO. 4220058 Avon Products, Inc 6901 Golf Rd. Morton Grove IL 60053 | | W | 01/05/05 Collection | | | | 144 |
| Sheet no <u>4</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 1352 |
| Total ► (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | \$ |

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------------|
| ACCOUNT NO. 77793703 Bay Area Credit Service Llc. 97 E. Brokaw Road Suite 240 San Jose CA 95112 | | W | 01/08/08 Collection | | | | 433 |
| ACCOUNT NO. 4522222 Biehl & Biehl Inc Po Box 84710 Carol Stream IL 60188-7410 | | W | 09/29/08 Collection | | | | 6 |
| ACCOUNT NO. 883255-381739 Business Office Systems & Solu Collection Services Division 511 W Ohio Suite 401 Midland TX 79701 | | W | 11/18/02 Collection | | | | 110 |
| ACCOUNT NO. 1693323 Caplo Partners Po Box 3209 Sherman TX 75091 | | H | 01/15/07 Collection | | | | 374 |
| ACCOUNT NO. 4121742209563603 Capital Management Services 726 Exchange Street Suite 700 Buffalo NY 14210 | | W | 10/10/06 Collection | | | | 760 |
| Sheet no <u>5</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 1683 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Bell, Rachel
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|---------------------------|
| ACCOUNT NO Catalina Motors 816 East Ninth Street Lockport IL 60441 | | W | 02/12/08 Collection | | | | 3418 |
| ACCOUNT NO. 7205049 Cavalry Portfolio Servc Po Box 27288 Tempe AZ 85285 | | H | 12/05 Collection | | | | 705 |
| ACCOUNT NO. C01085975 Ccb Credit Services Hfs Bfo-lyd Accounting Pca Pro Po Box 19410 Springfield IL 62794-9410 | | H | 11/03/08 Collection | | | | 1534 |
| ACCOUNT NO. 930268 Chicago Sun Times 350 North Orleans St Chicago IL 60654 | | W | 07/05/08 Collection | | | | 102 |
| ACCOUNT NO. 704006437 City Of Joliet 150 W Jefferson St Joliet IL 60432 | | W | 10/23/07 Collection | | | | 26 |
| Sheet no. 6 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 5785 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Dehtor

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|---------------------|
| ACCOUNT NO. 08-283117 City Of Joliet Po Box 457 Wheeling IL 60090 | | J | 10/09/08 Collection | | | | 551 |
| ACCOUNT NO. 1480006 Cnac II 115 2345 W Jefferson S Joliet IL 60435 | | W | 03/2006 Collection | | | | 9143 |
| ACCOUNT NO. 10738546 Collection Company Of 700 Longwater Dr Norwell MA 02061 | | H | 11/08 Collection | | | | 456 |
| ACCOUNT NO. 363686 Collection Professionals Inc Po Box 416 Lasalle IL 61301-0416 | | W | 03/24/08 Collection | | | | 22 |
| ACCOUNT NO. Belte000 Collection Professionals Inc Po Box 416 Lasalle IL 61301-0416 | | W | 04/03/08 Collection | | | | 22 |
| Sheet no. <u>7</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 10194 |
| | | | | | | | Total ► \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Debtors

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 8798201421024384 Comcast Cable Po Box 3002 Southeastern PA 19398-3002 | | H | 10/01/08 Collection | | | | 121 |
| ACCOUNT NO. 9038306034 Comed Po Box 6111 Carol Stream IL 60197-6111 | | W | 02/01/09 Collection | | | | 1334 |
| ACCOUNT NO. 9038306034 Comed Customer Care Center Po Box 87522 Chicago IL 60680 | | W | Collection Collection | | | | 1334 |
| ACCOUNT NO. 9038306034 Commonwealth Edison Bill Payment Center Chicago IL 60668-0002 | | W | 01/01/09 Collection | | | | 134 |
| ACCOUNT NO. 5001224221 Corporate Collection Services Po Box 22630 Cleveland OH 44122-0630 | | W | 06/23/04 Collection | | | | 24 |
| Sheet no <u>8</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 2947 |
| | | | | | | | Total ► \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(If known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 397333721 Cred Protection Assoc 1355 Noel Rd Suite 2100 Dallas TX 75240 | | W | 05/02 Collection | | | | 299 |
| ACCOUNT NO. Gx9884 Credit Management Control Inc Po Box 1654 Greenbay WI 54305-1654 | | H | 09/03/08 Collection | | | | 42 |
| ACCOUNT NO. 01-020000-87982014 Credit Protection L.p 13355 Noel Rd Dallas TX 75240 | | W | 01/01/08 Collection | | | | 372 |
| ACCOUNT NO. 2218595 Creditors Collection Bureau Po Box 63 Kankakee IL 60901-0063 | | H | 02/12/07 Collection | | | | 247 |
| ACCOUNT NO. 1148849 Creditors Discount & Aud Po Box 213 Streator IL 61364-0213 | | W | 01/01/07 Collection | | | | 75 |
| Sheet no. <u>9</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1035 |
| | | | | | | | Total ▶ \$ |
| (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | |

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 4185340103331194 Creditors Financial Group Po Box 440290 Aurora CO 80044-0290 | | W | 02/29/08 Collection | | | | 847 |
| ACCOUNT NO. 4185340103331194 Creditors Financial Group 3131 South Vaughn Way Suite 110 Aurora CO 80014 | | W | 03/14/08 Collection | | | | 847 |
| ACCOUNT NO. 8255909641255473 Dish Network Dept 0063 Palatine IL 60055-0063 | | H | 08/21/08 Collection | | | | 141 |
| ACCOUNT NO. Belte000 Dr Jaber Pediatrics P. C. 1106 N Larkin Ave Joliet IL 60435 | | W | 08/01/07 Collection | | | | 22 |
| ACCOUNT NO. Invoice 3496 Dr. Caren I. Weisz & Associate Barr Professional Building 1520 Rock Run Dr. Suite 2 Joliet IL 60435 | | J | 02/01/08 Collection | | | | 20 |
| Sheet no. <u>10</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 1877 |
| | | | | | | | Total ► \$ |
| (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | |

Debtor

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. Invoice 388 | | H | 10/01/08 | | | | 81 |
| Dr. Caren Lynn Welsz 1520 Rock Run Dr. Suite 2 Crest Hill IL 60403 | | | Collection | | | | |
| ACCOUNT NO. Belte000 | | W | 08/01/07 | | | | 22 |
| Dr. Jaber Pediatrics P. C 1106 N. Larkin Ave Joliet IL 60435 | | | Collection | | | | |
| ACCOUNT NO. | | H | 12/01/08 | | | | 81 |
| Dr. Welsz 1520 Rock Run-2 Crest Hill IL 60403 | | | Collection | | | | |
| ACCOUNT NO. 3496 | | J | 03/01/08 | | | | 20 |
| Dr.caren Welsz & Associates Barr Professional Building St2 1520 Rock Run Dr. Joliet IL 60435 | | | Collection | | | | |
| ACCOUNT NO. 035700004604340 | | W | 12/01/08 | | | | 4944 |
| Er Solutions, Inc, Po Box 9004 Renton WA 98057 | | | Collection | | | | |
| Sheet no. <u>11</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 5148 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 500122422141 Excel Telecommunications Po Box 926050 Norcross GA 30010-6050 | | W | 04/13/04 Collection | | | | 33 |
| ACCOUNT NO. 298842 Falls Collection Svc Po Box 668 Germantown WI 53022 | | W | 01/04 Collection | | | | 70 |
| ACCOUNT NO. 298842 Falls Collection Svc Po Box 668 Germantown WI 53022 | | W | 11/03 Collection | | | | 70 |
| ACCOUNT NO. 298842 Financial Control Solutions Po Box 668 Germantown WI 53022-0668 | | H | 11/20/03 Collection | | | | 69 |
| ACCOUNT NO. 10280137 First Revenue Assurance Po Box 5818 Denver CO 80217 | | W | 01/01/09 Collection | | | | 41 |
| Sheet no. <u>12</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 283 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------------|
| ACCOUNT NO. 05466898-504-5047 Fischer Mangold/Joliet Po Box 850001 Orlando FL 32885-1006 | | W | 09/05/03 Collection | | | | 274 |
| ACCOUNT NO. D-104876 Fore Communications, Inc. Po Box 31607 Chicago IL 60631-0607 | | W | 02/24/04 Collection | | | | 111 |
| ACCOUNT NO. D-104876 Forte Communications, Inc. Po Box 31607 Chicago IL 60631-0607 | | W | 10/23/04 Collections | | | | 234 |
| ACCOUNT NO. Belra000 Gadde Hari P Md 330 N Madison Street L11 Joliet IL 60435 | | W | 02/16/09 Collection | | | | 212 |
| ACCOUNT NO. 201-005287 Genesis Financial Services 202 N Lasalle St Suite 250 Chicago IL 60610 | | W | 12/05/08 Collection | | | | 847 |
| Sheet no 13 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 1678 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|-----------------------------|
| ACCOUNT NO. S00122422111- Genesis Financial Solutions Po Box 4865 Beaverton OR 97076-4865 | | W | 10/14/05 Collection | | | | 34 |
| ACCOUNT NO. S00122422141- Genesis Financial Solutions Po Box 4865 Beaverton OR 97076-4865 | | W | 11/17/05 Collection | | | | 83 |
| ACCOUNT NO. 8694183584 Harris & Harris Ltd. 600 W Jackson Blvd Suite 400 Chicago IL 60661 | | W | 05/20/06 Collection | | | | 181 |
| ACCOUNT NO. 4383653763 Harris & Harris Ltd 600 W Jackson Blvd Suite 400 Chicago IL 60661 | | H | 07/31/07 Collection | | | | 1422 |
| ACCOUNT NO. 628241 Health Services Systems Po Box 1215 Bedford Park IL 60499-1215 | | W | 10/27/04 Collection | | | | 75 |
| Sheet no. 14 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 1795 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 628241 | | W | 09/04/02 Collection | | | | 83 |
| Health Services Systems Po Box 1215 Bedford Park IL 60499-1215 | | | | | | | |
| ACCOUNT NO. 628241 | | W | 07/01/03 Collection | | | | 306 |
| Health Services Systems Inc Po Box 1215 Bedford Park IL 60499-1215 | | | | | | | |
| ACCOUNT NO. 628241 | | W | 09/29/04 Collection | | | | 251 |
| Health Services Systems, Inc P. O Box 1215 Bedford Park IL 60499 | | | | | | | |
| ACCOUNT NO. Amx525 | | W | 11/28/06 Collection | | | | 128 |
| Hrrg Po Box 5406 Cincinnati OH 45273-7942 | | | | | | | |
| ACCOUNT NO. Zq4217 | | H | 09/18/06 Collection | | | | 269 |
| Hrrg Po Box 5406 Cincinnati OH 45273 | | | | | | | |
| Sheet no. 15 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1037 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|---|
| ACCOUNT NO. Atp192 Hrrg Po Box 5406 Cincinnati OH 45273 | | W | 01/15/07 Collection | | | | 374 |
| ACCOUNT NO. Vn08455688 Illinois Tollway Po Box 5201 Lisle IL 60532-5201 | | W | 04/29/08 Collection | | | | 62 |
| ACCOUNT NO. 0053403210- Imbs Po Box 5406 Cincinnati OH 45273-7942 | | W | 06/30/05 Collection | | | | 745 |
| ACCOUNT NO. R40875 Jbc Legal Group,p.c 2 Broad Street 6th Floor Bloomfield NJ 07003-2550 | | W | 02/18/04 Collection | | | | 130 |
| ACCOUNT NO. 4006100003751975- Jefferson Capital Systems Llc 16 Midland Road St. Cloud MN 56303 | | W | 01/01/08 Collection | | | | 516 |
| Sheet no. 16 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1827 |
| Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | \$ |

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 24151 Joliet Doctors Clinic, Sc 2450 Glenwood Av Joliet IL 60435 | | H | 07/08/07 Collection | | | | 360 |
| ACCOUNT NO. 60-1126021 Joliet Radiological Service Co 36910 Treasury Ctr. Chicago IL 60694-6900 | | H | 10/09/08 Collection | | | | 35 |
| ACCOUNT NO. 60-11126021 Joliet Radiological Service Co 36910 Treasury Ctr. Chicago IL 60694-6900 | | H | 03/01/05 Collection | | | | 35 |
| ACCOUNT NO. 12170469 Kca Financial Services 328 North St Geneva IL 60134 | | H | 11/08 Collection | | | | 248 |
| ACCOUNT NO. De0026303395 Kcafs 628 North Street Post Office Box Number 53 Geneva IL 60134 | | H | 12/04/08 Collection | | | | 247 |
| Sheet no. 17 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 925 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Debtor

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. Catalina Motors Law Office Of Robert M Boyack 3104 West Glenwood Avenue Joliet IL 60435-4946 | | W | 03/04/08 Collection | | | | 1138 |
| ACCOUNT NO. 4006100003751975-a Law Offices Of Mitchell N Kay Po Box 2374 Chicago IL 60690-2374 | | W | 03/05/08 Collection | | | | 473 |
| ACCOUNT NO. 4006100003751975 Law Offices Of Mitchell N Kay, 205 West Randolph Street Suite 920 Chicago IL 60606 | | W | 04/24/08 Collection | | | | 473 |
| ACCOUNT NO. 17315652 Linebarger Goggan Blair & Samp Attorneys At Law P.o. Box 06152 Chicago IL 60606-0152 | | W | 07/30/06 Collection | | | | 180 |
| ACCOUNT NO. 17315652 Linebarger Goggan Blair & Samp P.o. Box 06152 Chicago IL 60606-0152 | | W | 12/31/08 Collection | | | | 215 |
| <div> <div>Sheet no. 18 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div> <div>Subtotal ▶</div> </div> | | | | | | | \$ 2479 |
| <div> <div>Total ▶</div> <div>(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)</div> </div> | | | | | | | \$ |

In re Bell, Rachel
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO 52297546 Linebarger Goggan Blair & Sam Attorneys At Law Po Box 06152 Chicago IL 60606-0152 | | W | 05/19/08 Collection | | | | 100 |
| ACCOUNT NO 06303991-504-5047 Livermore Billing Center 7535 Southfront Rd Bldg B Livermore CA 94550-4201 | | W | 07/14/2006 Collection | | | | 745 |
| ACCOUNT NO 3fd72994 Lvnv Funding Llc Po Box 10497 Greeneville SC 29603 | | W | 09/2008 Collection | | | | 599 |
| ACCOUNT NO 29129940 Mcl Communications P.o. Box 163250 Columbus OH 43216 | | W | 11/29/03 Collection | | | | 599 |
| ACCOUNT NO 371872 Merchants Credit Guide Co 233 W Jackson Blvd Chicago IL 60606 | | H | 09/27/07 Collection | | | | 190 |
| Sheet no. <u>19</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 2233 |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | Total ▶ \$ |

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO 2077951 Merchants Credit Guide Co 233 W Jackson Blvd Chicago IL 60606 | | W | 04/09/07 Collection | | | | 180 |
| ACCOUNT NO. 15-070264249 Merchants Credit Guide Co. 233 W Jackson Blvd Executive Offices Chicago IL 60606 | | W | 09/01/06 Collection | | | | 180 |
| ACCOUNT NO 08-072671101 Merchants Credit Guide Co. 233 W Jackson Blvd Chicago IL 60606 | | H | 11/07/07 Collection | | | | 190 |
| ACCOUNT NO 025807722 Mgc Collection Services Po Box 140700 Toledo OH 43614 | | W | 07/02/08 Collection | | | | 95 |
| ACCOUNT NO. 313932 Mtl Po Box 2049 Matteson IL 60443-5049 | | W | 11/05/02 Collection | | | | 105 |
| Sheet no. <u>20</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 750 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

In re Bell, Rachel
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 131160768 National City 101 W Washington Street Indianapolis IN 46255 | | H | 08/15/2008 Collection | | | | 400 |
| ACCOUNT NO. 6393-104027 National Fitness Financial Advanced Collections Dept P.o. Box 224 Roy UT 84067-0227 | | W | 07/22/08 Collection | | | | 211 |
| ACCOUNT NO. 6393-104027 National Fitness Financial Po Box 497 Layton UT 84041 | | W | 03/12/08 Collection | | | | 49 |
| ACCOUNT NO. 6393-104027 National Fitness Financial Po Box 224 Roy UT 84067-0224 | | W | 06/09/08 Collection | | | | 170 |
| ACCOUNT NO. 6393-104027 National Fitness Financial Po Box 224 Roy UT 84067-0224 | | W | 07/01/08 Collection | | | | 211 |
| Sheet no <u>21</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 1041 |
| (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | Total ► \$ |

In re Bell, Rachel

Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBATOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|-----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 28729373-006327059 National Recovery Agency Po Box 67015 Harrisburg PA 17106-7015 | | W | 11/28/06 Collection | | | | 128 |
| ACCOUNT NO. 28729373-00632705 National Recovery Agency Po Box 67015 Harrisburg PA 17106-7015 | | W | 11/28/06 Collection | | | | 128 |
| ACCOUNT NO. 06303991-005245282 National Recovery Agency Po Box 67015 Harrisburg PA 17106-7015 | | W | 05/11/2005 Collection | | | | 745 |
| ACCOUNT NO. 3934s6 Nco Financial Po Box 17095 Wilmington DE 19880-7095 | | W | 09/09/08 Collection | | | | 374 |
| ACCOUNT NO. Yuk734 Nco Financial Po Box 15630 Dept 12 Wilmington DE 19850-5630 | | W | 11/02/07 Collection | | | | 745 |
| Sheet no. <u>22</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 2120 |
| (Use only on last page of the completed Schedule F) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data) | | | | | | | Total ► \$ |

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO 06303991-005340321 Nco Financial Po Box 17095 Wilmington DE 19850-7095 | | W | 08/28/07 Collection | | | | 302 |
| ACCOUNT NO 20210h Nco Financial Po Box 17095 Wilmington DE 19850-7095 | | W | 02/05/08 Collection | | | | 269 |
| ACCOUNT NO 28206220-006178519 Nco Financial System Inc 2703 N Highway 75 Sherman TX 75090 | | W | 09/18/06 Collection | | | | 269 |
| ACCOUNT NO 8q0w8b Nco Financial Systems Po Box 15740 Wilmington DE 19850-5740 | | W | 03/12/08 Collection | | | | 105 |
| ACCOUNT NO 28206220-006178519 Nco Financial Systems Inc Po Box 17095 Wilmington DE 19850-7095 | | W | 12/05/07 Collection | | | | 269 |
| Sheet no. <u>23</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1214 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Debtor

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 1047v8 Nco Financial Systems Inc Po Box 17095 Wilmington DE 17095 | | W | 03/11/08 Collection | | | | 128 |
| ACCOUNT NO. 20210h Nco Financial Systems, Inc 507 Prudential Road Horsham PA 19044 | | W | 01/01/08 Collection | | | | 269 |
| ACCOUNT NO. Ew1339 Nco Financial Systems, Inc Po Box 15391 Wilmington DE 19850-5391 | | H | 08/06/08 Collection | | | | 456 |
| ACCOUNT NO. 8694183212 Nicol Gas Po Box 8350 Aurora IL 60507 | | W | 12/05 Collection | | | | 181 |
| ACCOUNT NO. 9360149289 Nicol Gas Po Box 8350 Aurora IL 60507 | | W | 01/06 Collection | | | | 1074 |
| Sheet no 24 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 2108 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 93-60-14-92445 Nitor Gas Po Box 2020 Aurora IL 60507-2020 | | W | 11/01/08 Collection | | | | 757 |
| ACCOUNT NO. 8a0eyk Nitor Services Po Box 6030 Hauppauge NY 11788-0154 | | W | 01/01/08 Collection | | | | 67 |
| ACCOUNT NO. 6306718019923143 Osi Collection Services Po Box 959 Brookfield WI 53008 | | W | 02/08/07 Collection | | | | 37 |
| ACCOUNT NO. 3663020 Osi Collection Services 1375 E Woodfield Rd Ste Schaumburg IL 60173 | | W | 04/04 Collection | | | | 624 |
| ACCOUNT NO. 4220058 Osi Collection Services Inc Po Box 6110 Westerville OH 43086-6110 | | W | 11/11/04 Collection | | | | 134 |
| Sheet no. 25 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1619 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 2270270004711200 Pak Dansan 113 W 3rd Ave Po Box 248 Gastonia NC 28052 | | W | 12/04 Collection | | | | 599 |
| ACCOUNT NO. 3fd72994 Park Dasan 113 W 3rd Avenue Po Box 248 Gastonia NE 28053-0248 | | W | 02/27/02 Collection | | | | 599 |
| ACCOUNT NO. 919 Partners In Obstetrics & Woman Po Box 663 Frankfort IL 60423 | | J | 04/28/06 Collection | | | | 171 |
| ACCOUNT NO. 1194 Plains Commerce Bank Po Box 88020 Sioux Falls SD 57109-8020 | | W | 12/28/07 Collection | | | | 792 |
| ACCOUNT NO. XXXXXXXXXXXX1194 Plains Commerce Bank Po Box 88020 Sioux Falls SD 57109-8020 | | W | 09/13/07 Collection | | | | 709 |
| Sheet no. <u>26</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ► \$ 2870 |
| | | | | | | | Total ► \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Debtors

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 28206220-23-19901 Plantation Billing Center Po Box 189016 Plantation FL 33318-9016 | | H | 11/24/2006 Collection | | | | 269 |
| ACCOUNT NO. 33527568-23-19901 Plantation Billing Center Prairie Emergency Phys Po Box 635225 Cincinnati OH 45263-0043 | | H | 10/02/08 Collections | | | | 1122 |
| ACCOUNT NO. 28206220-23-19901 Plantation Billing Center Prairie Emergency Phys Po Box 635225 Cincinnati OH 45263-0043 | | W | 03/29/07 Collection | | | | 374 |
| ACCOUNT NO. 170210 Portfolio Recovery 120 Corporate Blvd Norfolk VA 23502 | | H | 03/08 Collection | | | | 906 |
| ACCOUNT NO. 011897 Primary Care Physicians Of Ess 36153 Treasury Center Chicago IL 60694-6100 | | W | 01/28/05 Collection | | | | 203 |
| Sheet no. 27 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 2874 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 0008467008 Prineco Personal Communication Po Box 630062 Dallas TX 75263-0062 | | W | 05/12/00 Collection | | | | 49 |
| ACCOUNT NO. Dc0026845251 Provena 333 N Madison St. Joliet IL 60435-6595 | | J | 10/22/08 Collection | | | | 1910 |
| ACCOUNT NO. Dc0026303395 Provena Attn Cashiering Department 333 North Madison Street Joliet IL 60435-6595 | | H | 01/17/07 Collection | | | | 247 |
| ACCOUNT NO. Dc0026839124 Provena Health Provena St Joseph Medical Cent 333 N Madison St Joliet IL 60435-6595 | | H | 10/15/08 Collection | | | | 1238 |
| ACCOUNT NO. Dc0026818558 Provena Health Provena St Joseph Medical Cent 333 N Madison St Joliet IL 60435-6595 | | W | 09/22/08 Collection | | | | 2277 |
| Sheet no. <u>28</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 5721 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

Debtor

(If known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|------------------------------|
| ACCOUNT NO. Dc026839124 Provena St Joseph Medical 75 Remittance Dr Suite 1959 Chicago IL 60675-1959 | | J | 10/02/08 Collection | | | | 1238 |
| ACCOUNT NO. Dc0026303395 Provena St Joseph Medical Cent Attn: Cashing Department 333 North Madison Street Joliet IL 60435-6595 | | H | 11/16/06 Collection | | | | 247 |
| ACCOUNT NO. Resurgent Capital Services Po Box 5025 Sioux Falls SD 57117-5025 | | W | 01/01/08 Collection | | | | 0 |
| ACCOUNT NO. F017403460 Silver Cross Po Box 100 Joliet IL 60434-0100 | | W | 02/12/05 Collection | | | | 262 |
| ACCOUNT NO. F019923143 Silver Cross Hospital Mail Processing Center Pop Box 739 Moline IL 61266-0739 | | W | 12/12/06 Collection | | | | 37 |
| Sheet no 30 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1784 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

In re Bell, Rachel
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------------|
| ACCOUNT NO. F014607089 Silver Cross Hospital Mail Processing Center Po Box 739 Moline IL 61266 | | W | 06/10/03 Collection | | | | 624 |
| ACCOUNT NO. F019899186 Silver Cross Hospital 1200 Maple Road Joliet IL 60432 | | H | 06/26/06 Medical | | | | 855 |
| ACCOUNT NO. F019899186 Silver Cross Hospital Po Box 100 Joliet IL 60434-0100 | | H | 06/26/06 Collection | | | | 855 |
| ACCOUNT NO. 25196452 Southwest Credit Systems Lp 5910 W Plano Parkway Suite 100 Plano TX 75093-4638 | | H | 11/05/07 Collection | | | | 488 |
| ACCOUNT NO. 266247 Suburban Chicago Newspapers Po Box 1005 Tinley Park IL 60477 | | W | 05/07/06 Collection | | | | 10 |
| Sheet no <u>31</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 2832 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

Case No. _____
(If known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 470674 | | W | 01/25/07 Collection | | | | 10 |
| Suburban Chicago Newspapers Po Box 1005 Tinley Park IL 60477 | | | | | | | |
| ACCOUNT NO. 8157266813 | | W | 09/26/01 Collection | | | | 196 |
| Sure-tel Inc Po Box 607213 Chicago IL 60660-7213 | | | | | | | |
| ACCOUNT NO. 298842 | | W | 09/09/03 Collection | | | | 69 |
| Surgical Ltd Saeed Darbandi, M.d. 10660 West 143rd St Sulte B Orland Park IL 60462 | | | | | | | |
| ACCOUNT NO. 298842 | | W | 10/17/03 Collection | | | | 69 |
| Surgical Ltd Saeed Darbandi, M.d 10660 West 143rd Street Orland Park IL 60462 | | | | | | | |
| ACCOUNT NO. *****9061 | | H | 03/10/09 Collection | | | | 100 |
| T of National Bank 800 Burr Ridge Parkway Burr Ridge IL 60521 | | | | | | | |
| Sheet no <u>32</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 444 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

(If known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------------|
| ACCOUNT NO. 8157264722 Telecom Usa Po Box 600607 Jacksonville FL 32260-0607 | | W | 10/17/01 Collection | | | | 25 |
| ACCOUNT NO. 3gn27391 Telecom Usa Po Box 17890 Denver CO 80217 | | W | 09/15/03 Collection | | | | 3 |
| ACCOUNT NO. 838954758 The New York Times Po Box 4039 Woburn MA 01888-4039 | | W | 01/04/04 Collection | | | | 1 |
| ACCOUNT NO. 02009 Trushar Patel, Dds 1507 1/2 W Jefferson St Joliet IL 60435 | | W | 04/26/05 Collection | | | | 34 |
| ACCOUNT NO. 085900000251599833 Txcollect Inc. Dba Ctl Attn: Mike Melrose Po Box 42829 Austin TX 78704-0048 | | W | 12/29/04 Collection | | | | 180 |
| Sheet no. 33 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 243 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO 025807722 University Pathologists P.c 5620 Southwyck Blvd Toledo OH 43614 | | W | 04/21/08 Collection | | | | 909 |
| ACCOUNT NO 025807722 University Pathologists P.c. 5620 Southwyck Blvd Toledo OH 43614 | | W | 06/05/08 Collection | | | | 15 |
| ACCOUNT NO 5001224221 Vartec Telecom Po Box 219046 Kansas City MO 64121-9046 | | W | 01/11/04 Collection | | | | 7 |
| ACCOUNT NO 5001224221 Vartec Telecom, Inc Po Box 219046 Kansas City MO 64121-9046 | | W | 02/21/04 Collection | | | | 19 |
| ACCOUNT NO 5001224221 Vartec Telecom, Inc Po Box 219046 Kansas City MO 64121-9046 | | W | 01/11/04 Collection | | | | 19 |
| Sheet no. <u>34</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 969 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 154585-a3370 Vision Financial Services Po Box 1768 Laporte IN 46352 | | W | 12/12/07 Collection | | | | 521 |
| ACCOUNT NO. F019096247 Vision Financial Services Po Box 1768 Laporte IN 46352 | | W | 01/16/06 Collection | | | | 521 |
| ACCOUNT NO. 139995-a2101 Vision Financial Services Po Box 1768 Laporte IN 46352 | | W | 06/10/03 Collection | | | | 624 |
| ACCOUNT NO. 000003574604340 Wamu FI Ip Exceptions Po Box 6868 Br21pfl Lake Worth FL 33466-6868 | | W | 03/27/08 Collection | | | | 4935 |
| ACCOUNT NO. 5339632 West Aset Management Po Box 790113 St Louis MO 63179-0113 | | W | 09/18/06 Collection | | | | 174 |
| Sheet no. <u>35</u> of <u>37</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ \$ 6775 |
| | | | | | | | Total▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Case No. _____
(If known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|------------------------------|
| ACCOUNT NO. 5339632 West Asset Management Po Box 790113 St. Louis MO 63179-0113 | | W | 09/16/08 Collection | | | | 134 |
| ACCOUNT NO. 19455186 West Asset Management 1000 F North Travi Sherman TX 75090 | | W | 01/01/07 Collection | | | | 433 |
| ACCOUNT NO. 19455186 West Asset Management, Inc Po Box 2348 Sherman TX 75091-2348 | | W | 09/19/06 Collection | | | | 433 |
| ACCOUNT NO. 371872 Wheaton Eye Clinic 2015 North Main Street Wheaton IL 60187-3152 | | H | 04/10/07 Collection | | | | 190 |
| ACCOUNT NO. 371872 Wheaton Eye Clinic 2015 North Main Street Wheaton IL 60187-3152 | | H | 04/10/07 Collection | | | | 190 |
| Sheet no 36 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal ▶ \$ 1380 |
| | | | | | | | Total ▶ \$ |

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Debtor

Case No.

(if known)

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | |
|---|----------|--|--|------------|--------------|----------|-------------------------|--------------------------|
| ACCOUNT NO. 15932 Will Co Comm Health Center Will Co Health Dept 201 Ella Ave Joliet IL 60433 | | W | 07/01/08 Collection | | | | 60 | |
| ACCOUNT NO. 15932 Will Co Comm Health Ctr Will Co Health Dept 201 Ella Ave Joliet IL 60433 | | W | 07/17/07 Collection | | | | 15 | |
| ACCOUNT NO. 15932 Will Co- Comm Health Ctr Will Co Health Dept 501 Ella Ave Joliet IL 60433 | | W | 12/01/08 Collection | | | | 45 | |
| ACCOUNT NO. 16524 Will County Health Health Dept 501 Ella Avenue Joliet IL 60433 | | W | 07/16/03 Collection | | | | 28 | |
| ACCOUNT NO. 13-b219-512 Y & R Po Box 320 Waukegan IL 60085-8211 | | W | 12/07/06 Collections | | | | 10068 | |
| Sheet no 37 of 37 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal▶ Total▶ | \$ 10216 \$ 93529 |
| (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | | |

B6G (Official Form 6G) (12/07)

In re Bell, Rachel
Debtor

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

In re Bell, Rachel,
DebtorCase No. _____
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

In re Bell, Rachel,
DebtorCase No. _____
(If known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDENTS OF DEBTOR AND SPOUSE | |
|---|------------------------------------|---------------------------|
| Married | RELATIONSHIP(S): 3 Children | AGE(S): 17, 14, 11 |
| Employment: | DEBTOR | SPOUSE |
| Occupation Dispatcher | | none |
| Name of Employer Joliet Township Highschool | | NA |
| How long employed 10 | | N/A |
| Address of Employer 201 E Jefferson Joliet IL 60432 | | N/A |

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly)
2. Estimate monthly overtime

\$ 2792\$ 0\$ 0\$ 0

3. SUBTOTAL

\$ 2792\$ 0

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ 1017\$ 0\$ 30\$ 0\$ 138\$ 0\$ 39\$ 0

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1224\$ 0

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 1568\$ 0

7. Regular income from operation of business or profession or farm
(Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for
the debtor's use or that of dependents listed above
11. Social security or government assistance
(Specify): _____
12. Pension or retirement income
13. Other monthly income
(Specify): _____

\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0\$ 0

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0\$ 0

15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

\$ 1568\$ 0

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 1568(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Bell, Rachel,
DebtorCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | | |
|--|---|------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 1200 |
| a. Are real estate taxes included? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| b. Is property insurance included? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 60 |
| b. Water and sewer | \$ | 0 |
| c. Telephone | \$ | 120 |
| d. Other | \$ | 0 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0 |
| 4. Food | \$ | 350 |
| 5. Clothing | \$ | 100 |
| 6. Laundry and dry cleaning | \$ | 150 |
| 7. Medical and dental expenses | \$ | 60 |
| 8. Transportation (not including car payments) | \$ | 80 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 0 |
| 10. Charitable contributions | \$ | 120 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | 0 |
| b. Life | \$ | 45 |
| c. Health | \$ | 0 |
| d. Auto | \$ | 67 |
| e. Other | \$ | 0 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) | \$ | 0 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | 0 |
| b. Other | \$ | 0 |
| c. Other | \$ | |
| 14. Alimony, maintenance, and support paid to others | \$ | 0 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0 |
| 17. Other | \$ | 0 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | 2352 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| | | |
| | | |
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 1568 |
| b. Average monthly expenses from Line 18 above | \$ | 2352 |
| c. Monthly net income (a minus b) | \$ | -784 |

In re Bell, Rachel
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date April 3, 2009

Signature: Rachel D. Bell
Debtor

Date April 3, 2009

Signature: [Signature]
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

In re: **Bell, Rachel**

Debtor

Case No. _____

(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2. Income other than from employment or operation of business

None
☒

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None
☒

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT
STILL OWING

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT
STILL
OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|--------------------|----------------|-----------------------|
|--|--------------------|----------------|-----------------------|

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|------------------------------------|----------------------|---------------------------------|--------------------------|
|------------------------------------|----------------------|---------------------------------|--------------------------|

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|--------------------|---|
|--|--------------------|---|

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|---|--|---|
|---|--|---|

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|---------------------------------|-----------------------|---|
|---------------------------------|-----------------------|---|

None
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE TITLE & NUMBER | DATE OF ORDER | DESCRIPTION AND VALUE Of PROPERTY |
|----------------------------------|--|------------------|---|
|----------------------------------|--|------------------|---|

7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
|--|--------------------------------------|-----------------|-------------------------------------|

8. Losses

None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|---|--|-----------------|
|---|--|-----------------|

9. Payments related to debt counseling or bankruptcy

None
☒

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|------------------------------|---|--|
|------------------------------|---|--|

10. Other transfers

None
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|------|--|
|---|------|--|

None
☒

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

11. Closed financial accounts

None
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|------------------------------------|--|--|
|------------------------------------|--|--|

12. Safe deposit boxes

None
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------------|---|
|--|---|-------------------------------|---|

13. Setoffs

None
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

14. Property held for another person

None
☒

List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|------------------------------|--------------------------------------|----------------------|
|------------------------------|--------------------------------------|----------------------|

15. Prior address of debtor

None
☒

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight** years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|--|---------------|--------------------------|
|--|---------------|--------------------------|

18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six** years immediately preceding the commencement of this case, or in

which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.*

*If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.*

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|--|---------|--------------------|-------------------------------|
|------|--|---------|--------------------|-------------------------------|

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
|------------------|-------------------------|

None



b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other
basis)

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

None
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

23 . Withdrawals from a partnership or distributions by a corporation

None
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

24. Tax Consolidation Group.

None
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

25. Pension Funds.

None
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 3, 2009

Signature Rachel D. Bell

of Debtor

Date April 3, 2009

Signature Andrew M.

of Joint Debtor
(if any)

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date _____

Signature _____

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____

Social Security No. (Required by 11 U.S.C. § 110.) _____

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document

Address _____

X

Signature of Bankruptcy Petition Preparer _____

Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

B 3 (Official Form 3) (12/08)

UNITED STATES BANKRUPTCY COURT
NORTHERN District of ILLINOIS

In re Bell, Rachel,
Debtor

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

| | |
|---|----------------------------------|
| Property No. 1 | |
| Creditor's Name: | Describe Property Securing Debt: |
| Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt | |
| Property No. 2 (if necessary) | |
| Creditor's Name: | Describe Property Securing Debt: |
| Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt | |

B 8 (Official Form 8) (12/08)

Page 2

PART B – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

| | | |
|----------------|---------------------------|--|
| Property No. 1 | | |
| Lessor's Name: | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | |
|--------------------------------------|---------------------------|--|
| Property No. 2 <i>(if necessary)</i> | | |
| Lessor's Name: | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | | |
|--------------------------------------|---------------------------|--|
| Property No. 3 <i>(if necessary)</i> | | |
| Lessor's Name: | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO |

0 continuation sheets attached *(if any)*

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: April 3, 2009

Rachel D. Bell
Signature of Debtor

Rachel D. Bell
Signature of Joint Debtor

**APPLICATION FOR WAIVER OF THE CHAPTER 7 FILING FEE
FOR INDIVIDUALS WHO CANNOT PAY THE FILING FEE
IN FULL OR IN INSTALLMENTS**

The court fee for filing a case under chapter 7 of the Bankruptcy Code is \$299.

If you cannot afford to pay the full fee at the time of filing, you may apply to pay the fee in installments. A form, which is available from the bankruptcy clerk's office, must be completed to make that application. If your application to pay in installments is approved, you will be permitted to file your petition, generally completing payment of the fee over the course of four to six months.

If you cannot afford to pay the fee either in full at the time of filing or in installments, you may request a waiver of the filing fee by completing this application and filing it with the Clerk of Court. A judge will decide whether you have to pay the fee. By law, the judge may waive the fee only if your income is less than 150 percent of the official poverty line applicable to your family size and you are unable to pay the fee in installments. You may obtain information about the poverty guidelines at www.uscourts.gov or in the bankruptcy clerk's office.

Required information. Complete all items in the application, and attach requested schedules. Then sign the application on the last page. If you and your spouse are filing a joint bankruptcy petition, you both must provide information as requested and sign the application.

United States Bankruptcy Court
District Of ILLINOIS

IN RE. **Bell, Rachel -and- Bell, Robert**

Debtor(s).

Case No. _____

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: April 3, 2009

Rachel D. Bell
Debtor

Robert Bell
Joint Debtor